FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Person Making the Disbursements/Obligations					
(a) Nerrie U.S. Chamber of Commerce					
(b) Address (number and street) Check if different than previously reported IGIS HI STREET N.W.	2. FEC Identification Number				
(c) City, State and 21P Code Woshington, OC 20062	C30001101				
(d) Name of Employer or Principal Place of Business (e) Occ	supation				
3. Is This Statement or 4. Covering Period Amended	10 84 2010 through				
5. (a) Date of Public Distribution(s) O O 7 20 10 (b) Communic					
	lified Nonprofit Corporation (11 CFR 114.10)				
(d) X Corporation, Labor Organization or Qualified Nonprofit Corporation making o	communications under 11 CFR 114.15				
(e) Other, specify:					
7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, Yes No were the disbursements made exclusively from donations to a segregated bank account? 8. Custodian of Records (a) Name C.					
(b) Address (number and street) 1615 H Street NV					
(c) City. State and ZIP Code					
	cupalion				
U.S. Chamber of Commerce V	ice President				
9. Total Donations This Statement	0.00				
10. Total Disbursements/Obligations This Statement	97,570 00				
Under penalty of parjury, I certify that this statement is true, correct and complete.					
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engstrom					
SIGNATURE DATE	10/7/10				
NOTE: Submission of tales, erroneous or incomplete information may subject the person signing this	statement to the penalties of 2 U.S.C. \$437g.				

FEC FORM 8 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE OF 3

Pe	rson(s) Sharing/Exercising Co	ontrol	
A.	(a) Name Rob Evas	from	peter triple of the state of th
	(b) Address (number and street)	reet NW	
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Pla	NC 90067	(e) Occupation
	_ h	ber of Commerce	Vice President
8.	(a) Name Bill Mille	r	
	(b) Address (number and street)	ect NW	
	(c) City, State and ZIP Code	Mc Zooca	
	(d) Name of Employer or Principal Pio	w the second	(e) Occupation
	U.S. Chau	ber of Commerce	Senior Vice President
C.	(a) Name		
l	(b) Address (number and street)		
	(c) City, State and ZIP Code	e e dan de age	
	(d) Name of Employer or Principal Pla	ce of Business	(e) Occupation
		And the second s	
D.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Pla	oe of Business	(e) Cocupation
E.	(a) Name	and the second s	
	(b) Address (number and street)		,
	(c) City, State and ZIP Code	e de la companya della companya de la companya della companya dell	-
	(d) Name of Employer or Principal Pla	ce of Buelness	(e) Occupation

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FEC FORM 9 (REV. 12/2007)

Disbursement(s) Made or Obligation(s)

District settle (1/4) India of Onlight of (1/4)		
A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation	
issue and image Advocacy and Adver	经 [0 04 2010	
I Malling Adgress of Paves	Amount	
300 N. Lee Street, Ste SOO	97,570.00	
Alexandra, VA 22314	Communication Date	
Name of Employer Occupation	10 07 2010	
Purpose of Disbursament (Including title(s) of communication(s))	10 01 2010	
"Trust" TV Spot		
Name of Federal Candidate Office Sought: House State: AL	Disburgement/Obligation For:	
Bobby Bright Senate President Diobics. Od	Primary Defeneral Other (specify)	
Name of Federal Candidate Office Sought House State:	Diebursement/Obligation For:	
Senete District:	Primary General	
President	Other (specify)	
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General	
Senate District:	Other (specify)	
	Date of Disbursement or Obligation	
B. Full Name (Lest, First, Middle Initial) of Payes	W W A D B A W W W V	
Mailing Address of Psyse		
	Amount	
City State Zip Code	Ť , , , , , , , , , , , , , , , , , , ,	
Name of Employer Occupation	Communication Date	
Trains of Employer		
Purpose of Disbursement (Including title(s) of communication(s))		
Name of Federal Candidate Office Sought House State:	Diabursement/Obligation For: Primary General	
Senate District:	Other (specify)	
Name of Federal Candidate Office Sought: House State	Disbursement/Obligation For:	
	Primary General	
President District:	Other (specify)	
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:	
Senafe District:	☐ Primary ☐ General ☐ Other (specify) ▶	
President	Tonies (shacily)	
SUBTOTAL of Disbursements/Obligations This Page (optional)	and the state of the same of the same of	
	97,570.00	
TOTAL This Pariod (last page this line number only)		
(carry toda from last page to sale 19)		

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FEC FORM 9 (REV. 12/2007)

Federal Election Commission **ENVELOPE REPLACEMENT PAGE** FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filling to indicate now it was received.				
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USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
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N/A PREPARER	N/A DATE PREPARED			